

# EMT-FR COURSE COMPLETION & SKILLS VERIFICATION

**Instructions:** PRINT all areas except the SIGNATURE BLANK. This form must be legible! A form must be completed for each student.

\_\_\_\_\_, has successfully\* completed an EMT-FR

Course # \_\_\_\_\_ on \_\_\_\_\_. He/She demonstrated proficiency

in performing at least the following skills:

- ☐ Bag Valve Mask (single & two rescuer)
- ☐ Extremity Immobilization (long bone, joint & traction)
- ☐ Assessment of a Trauma patient (Adult & pediatric)
- ☐ Assessment of a Medical patient (Adult & Pediatric)
- ☐ Management of a Cardiac Arrest Patient
- ☐ Bleeding Control & Shock Management
- ☐ Upper airway Adjuncts & Suction
- ☐ Mouth to Mask with Supplemental Oxygen

Lead Instructor:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**\*SUCCESSFUL COURSE COMPLETION MEANS:** *As a minimum, attended all classes (or made-up classes missed) and demonstrated proficiency over program knowledge objectives.*